


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000002712
 1. Entity Name
 H.A.S. INDUSTRIES, INC.



Principal Place of Business Mailing Address
 3137 NW 25TH AVE 3137 NW 25TH AVE
 POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33069 US

DO NOT WRITE IN THIS SPACE



03062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0378005 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STEINER, JEFF
 2201 NW 30TH PL
 SUITE A
 POMPANO BEACH, FL 33069

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000130676
 04/26/04-80126-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SMALL LAWRENCE
STREET ADDRESS	3157 NW 25TH AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	VP
NAME	SMALL, ABBY
STREET ADDRESS	3137 NW 25 AVE
CITY - ST - ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/04 x 954-977-2711
 Date Daytime Phone #